



040104

16569 U.S. PTO

Please type a plus sign (+) inside this box → [+]

PTO/SB/05 (12/97)

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	TOMLIN-2	Total Pages	
	First Named Inventor or Application Identifier			
	TOMLIN			
	Express Mail Label No.	EV400863700US		

<b>APPLICATION ELEMENTS</b>  See MPEP chapter 600 concerning utility patent application contents.	TO: <b>Mail Stop Patent Application</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)
2. ☒ Specification [Total Pages [ ]]
3. ☒ Drawing(s) (35 USC 113) [Total Sheets [ ]]
4. ☒ Oath or Declaration [Total Sheets [ 2 ]]
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 17 completed) [Note Box 5 below]
    - i. ☐ DELETION OF INVENTOR(S) Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation By Reference (usable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
6. ☐ Microfiche Computer Program (Appendix)
7. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73 (b) Statement (when there is an assignee) [ ] Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449 [ ] Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
14. ☒ Small Entity Statement(s) [ ] Statement filed in prior application. Status still proper and desired
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Other: a)  
b)

**17. If a CONTINUING APPLICATION**, check appropriate box and supply the requisite information:☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_**18. CORRESPONDENCE ADDRESS**

<b>Customer No. 00545</b>	Anthony H. Handal Reg. No. 26,275 Roger Pitt Reg. No. 46,996 Phone: (212) 536-4870 Fax: (212) 536-4875
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040104  
**Kirkpatrick & Lockhart LLP**

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New York, NY 10022-6030  
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April 1, 2004

MAIL STOP PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: Jerome TOMLIN  
New U.S. Nonprovisional Patent Application Filed: Herewith  
Attorney Docket No. TOMLIN-2  
"WEIGHTED EXERCISE GLOVE"

SIR:

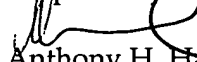
We enclose herewith:

- [X] Utility Patent Application Transmittal Letter;
- [X] New U.S. Patent Application Including Specification ( 9 pages), Claims ( 1 page) and Abstract ( 1 page);
- [X] Declaration (unexecuted);
- [X] Five (5) Sheets of Drawings;
- [X] Fee Transmittal Form;
- [X] Check for \$450.00 (See Fee Transmittal);
- [X] Acknowledgment Postcard.

The Commissioner is hereby authorized to charge payment of the fees associated with this communication or credit any overpayment to Deposit Account No. 08-0570.

Applicant hereby petitions under 37 CFR 1.136 or other applicable rule to have the response period extended the number of months necessary to render the attached communication timely if a petition is required.

Respectfully submitted,

  
Anthony H. Handal  
Reg. No. 26,275 Phone: (212) 536-4870  
Roger Pitt  
Reg. No. 46,996 Phone: (212) 536-4867

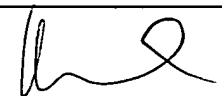
EXPRESS MAIL LABEL NO.  
EV400863700US

<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">FOR FY 2003</h2> <p style="text-align: center;"><i>Patent fees are subject to annual revision.</i></p>		<i>Complete if Known</i>	
		Application Number	Unknown
		Filing Date	Herewith
		First Named Inventor	TOMLIN
		Examiner Name	Unknown
		Group / Art Unit	Unknown
Total Amount of Payment	(\$) <b>450.00</b>	Attorney Docket No.	TOMLIN-2

METHOD OF PAYMENT	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number <b>08-0570</b> Deposit Account Name: <b>Kirkpatrick &amp; Lockhart LLP</b> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other	

FEE CALCULATION																																			
<b>1. BASIC FILING FEE:</b>																																			
Large Entity		Small Entity																																	
Fee Code	Fee(s)	Fee Code	Fee(s)	Fee Description	Fee Paid																														
1001	770	2001	385	Utility filing fee	\$385.00																														
1002	340	2002	170	Design filing fee																															
1003	530	2003	265	Plant filing fee																															
1004	770	2004	385	Reissue filing fee																															
1005	160	2005	80	Provisional filing fee																															
<b>SUBTOTAL (1)</b>					<b>(\$)<b>385.00</b></b>																														
<b>2. EXTRA CLAIM FEES:</b>																																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td></td> <td style="text-align: center;"><u>Extra</u></td> <td style="text-align: center;"><u>Fee from</u></td> <td></td> <td style="text-align: center;"><u>Fee</u></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><u>Claims</u></td> <td style="text-align: center;"><u>below</u></td> <td></td> <td style="text-align: center;"><u>Paid</u></td> </tr> <tr> <td>Total Claims</td> <td><input type="checkbox"/> -20**</td> <td>= <input type="checkbox"/></td> <td>x <input type="checkbox"/> 9</td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims</td> <td><input type="checkbox"/> -3**</td> <td>= <input type="checkbox"/></td> <td>x <input type="checkbox"/> 43</td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>= <input type="checkbox"/></td> <td>x <input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> </table>								<u>Extra</u>	<u>Fee from</u>		<u>Fee</u>			<u>Claims</u>	<u>below</u>		<u>Paid</u>	Total Claims	<input type="checkbox"/> -20**	= <input type="checkbox"/>	x <input type="checkbox"/> 9	=	<input type="checkbox"/>	Independent Claims	<input type="checkbox"/> -3**	= <input type="checkbox"/>	x <input type="checkbox"/> 43	=	<input type="checkbox"/>	Multiple Dependent		= <input type="checkbox"/>	x <input type="checkbox"/>	=	<input type="checkbox"/>
		<u>Extra</u>	<u>Fee from</u>		<u>Fee</u>																														
		<u>Claims</u>	<u>below</u>		<u>Paid</u>																														
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Multiple Dependent		= <input type="checkbox"/>	x <input type="checkbox"/>	=	<input type="checkbox"/>																														
** or number previously paid, if greater; For Reissues, see below																																			
Large Entity		Small Entity																																	
Fee Code	Fee(s)	Fee Code	Fee(s)	Fee Description	Fee Paid																														
1202	18	2202	9	Claims in excess of 20																															
1201	86	2201	43	Independent claims in excess of 3																															
1203	290	2203	145	Multiple dependent claim, if not paid																															
1204	86	2204	43	**Reissue independent claims over original patent																															
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																															
<b>SUBTOTAL (2)</b>					<b>(\$)</b>																														

Application Number: Unknown Filing Date: Herewith

FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Large Entity		Small Entity			
Fee Code	Fee(s)	Fee Code	Fee(s)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	\$65.00
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1801	770	2801	385	Request for Continued Examination	
1814	110	2814	55	Statutory Disclaimer	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1452	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)					
Other fee (specify)					
* Reduced by Basic Filing Fee Paid				<b>SUBTOTAL (3)</b>	\$65.00
<b>SUBMITTED BY</b>				<b>Complete (if applicable):</b>	
Typed or Printed Name	Anthony H. Handal/Roger Pitt			Reg. Number	26,275/46,996
Signature			Date	April 1, 2004	Deposit Account User ID 08-0570